

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00448696 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 08 / 2016</div> </div>	
Mailing Address PO Box 388		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E50B33C1546394340A8B Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 08 / 2016</div> </div>
Purpose of Expenditure IE-Stutzman-Donation Processing		Category/ Type	
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10451.62</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 15 / 2016</div> </div>	
Mailing Address PO Box 388		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">82.75</div>	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E89320CE88C81447DA70 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 15 / 2016</div> </div>
Purpose of Expenditure IE-Stutzman-Donation Processing		Category/ Type	
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">10534.37</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">152.75</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore
[Electronically Filed]

Date

MM / DD / YYYY
04 / 01 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 22 / 2016	
Mailing Address PO Box 388		Amount 334.55	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E4C744E59936A40218DB
Purpose of Expenditure IE-Stutzman-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 22 / 2016
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		10868.92	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 29 / 2016	
Mailing Address PO Box 388		Amount 1195.72	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E33046432CAC14FBBB02
Purpose of Expenditure IE-Stutzman-Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 29 / 2016
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		12064.64	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1530.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Paul Kilgore

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Alliance Strategies Group Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2016		
Mailing Address 7700 Congress Ave Ste 3208			Amount 1067.18		
City Boca Raton	State FL	Zip Code 33487-1358	Transaction ID : E651DBE9D2D5443AA89E		
Purpose of Expenditure IE-Stutzman-Email Marketing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		13131.82	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Envision Printers/Marketing			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 01 / 2016		
Mailing Address 2 Riverbend Pkwy			Amount 12322.02		
City Leesburg	State VA	Zip Code 20176-0000	Transaction ID : E4EF8D8F270E747E2AEA		
Purpose of Expenditure IE-Stutzman-Direct Mail Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Marlin Stutzman		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought		25453.84	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	13389.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	15072.22

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Paul Kilgore

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